

## Conclusion

The mental health commitment process involves three decisions. First, a determination must be made whether a person is mentally ill and/or substance dependent. The second decision in the process to commit or discharge is assessing for risk of dangerousness to self or others. Using the four factors of magnitude, likelihood, imminence, and frequency, a determination can be reached more readily. Finally, if a committal is deemed necessary, by law placement must be to the *least restrictive level of care* which would successfully treat the mental illness/substance dependence and prevent harm to self or others.

Mental health board members serve as part of a system of checks and balances, guarding an individual's personal rights while ensuring due process and protecting public safety. The board obtains information through questioning those at the hearing, the mental health/substance abuse professionals, legal representatives and most importantly the person appearing before them. Based on that evidence, an objective decision can be made whether *clear and convincing evidence* has been presented that a *substantial risk of serious harm* exists within the *near future*.

The Mental Health Commitment Act was not created to punish behavior caused by mental illness. Rather, by mandating treatment for those either unable or unwilling to seek treatment on their own, due to mental condition or diagnosis, the Act protects their safety, the safety of society, and provides an individual with treatment which can lead to an improved quality of life.